

Applicants: William C. Olson et al.

Serial No.: 09/912,824

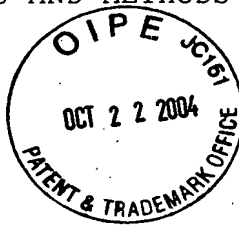
Group Art Unit: 1648

Filed: July 25, 2001

Examiner: Jeffrey S. Parkin

For: COMPOSITIONS AND METHODS FOR INHIBITION OF HIV-1 INFECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



October 20, 2004

S I R:

Transmitted herewith is an amendment to the above identified application.

X Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been established by a verified statement previously submitted.

 A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSL Y PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE				FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY	
Total Claims	33	-	20	=	13	X	\$9.00	\$18.00	=	117.00		
Indepen- dent Claims	8	-	4	=	4	X	\$44.00	\$88.00	=	176.00		
Multiple Dependent Claim(s) Presented <u> X </u> Yes <u> </u> No							\$150	\$300	0	150.00		
							TOTAL ADDITIONAL FEE					
							\$443.00					

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment of the number of claims as originally filed

_____ Please charge Deposit Account No. 03-3125 in the amount of \$ _____. Three copies of this sheet is enclosed.

X A check in the amount of \$1,113.00 is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposition Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

X Any patent application processing fees under 37 C.F.R. \$1.17.

Respectfully submitted,

I hereby certify that this correspondence is being deposited this date with the U.S. postal Service with sufficient postage as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Alan J. Morrison
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10/20/04
Date

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